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PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/070,824	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>MAY 12 2004</b>
	Filing Date	03/11/2002	
	First Named Inventor	Peter BRETSCHNEIDER	
	Art Unit	3653	
	Examiner Name	Jonathan R. Miller	
Total Number of Pages In This Submission	2	Attorney Docket Number	4001-1025

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Jacob Eisenberg, Reg. No. 43,410; Customer No. 28,204 Siemens Schweiz AG, Intellectual Property Department, I-44, Albisriedenstrasse 245, CH-8047, Zurich, Switzerland	
Signature	<i>Jacob Eisenberg</i>	
Date	May 12, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	<i>Jacob Eisenberg</i>	Date	May 12, 2004


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PTO/SB/31 (08-03)

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I hereby certify that this correspondence is being facsimile transmitted to the Examiner of record at telephone number: +1-703-872-9306 on the date indicated below, on <u>05/12/2004</u>		In re Application of <b>Peter Bretschneider</b> <hr/> Application Number <u>10/070,824</u> Filed <u>03/11/2002</u> <hr/> For Arrangement and Process for Organizing Flat ... <hr/> Art Unit <u>3653</u> Examiner <u>Jonathan R. Miller</u>	
Signature <u>Jacob Eisenberg</u> <hr/> Typed or printed name <u>JACOB EISENBERG</u>			
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <u>330.00</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>502,464</u> . I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the			
<input type="checkbox"/> applicant/inventor.		<div style="text-align: right;">           Signature       </div>	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<div style="text-align: right;">         Jacob Eisenberg          _____          Typed or printed name       </div>	
<input type="checkbox"/> attorney or agent of record. Registration number _____		<div style="text-align: right;"> <u>+41 585 583 295</u>          _____          Telephone number       </div>	
<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>43,410</u>		<div style="text-align: right;"> <u>12 May 2004</u>          _____          Date       </div>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>-1-</u> forms are submitted.			

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